Massachusetts Commission for the Deaf and Hard of Hearing CART Provider Request Fax Form

(Items marked with a diamond (♠) REQUIRED for form to be complete) incomplete forms cannot be processed

Please fax to (617) 740-1880

	Today's Date:	Your Name:			
•	Your Phone #:	Ext.	Your Fax #:		
♦	Your Agency:				
•	Date(s) of Assignment:				
•	Beginning Time of Assignment:		◆ End Time of Assig	nment:	
♦	Location/Address of Assignment: (inc	clude bldg., floor, and re	pom #)		
•	_				
•					
♦	On-site Contact Person:		Phone # On-site:	Ext.	
•	Description of Situation/Nature of Ass	signment (if follow up, p	lease describe):		
•					
♦	Names of Deaf or Hard of Hearing Pe	erson(s):			
Requ	ested CART Reporters (unless otherwiested Providers are unavailable):	se specified by reques	tor, Referral Service will also	check with other qualified Providence	ers if
	,				
Total	# of Participants	Other Agencies Invo	lved:		
1-2 u 1-3 u	pment: Please check # of users users - laptop: users - monitor: than 3 users - projector:		Combo projector: — LCD plate: —	ment loan is needed:	
1-2 u 1-3 u	sers - laptop: ——— sers – monitor: ———		Combo projector: — LCD plate: — Screen: —	ment loan is needed:	
1-2 u 1-3 u	sers - laptop: sers – monitor: than 3 users – projector:		Combo projector:		
1-2 u 1-3 u	sers - laptop: sers – monitor: than 3 users – projector:		Combo projector: — LCD plate: — Screen: —		
1-2 u 1-3 u	sers - laptop: sers - monitor: than 3 users - projector: (Request will		Combo projector:	ng information)	
1-2 u 1-3 u	sers - laptop: sers - monitor: than 3 users - projector: (Request will Contact Person:		Combo projector:	ng information)	
1-2 u 1-3 u	sers - laptop: sers - monitor: than 3 users - projector: (Request will Contact Person: Agency Name:		Combo projector:	ng information)	
1-2 ui 1-3 ui More	Sers - laptop: Sers - monitor: Sers - monitor: Sers - monitor: Sers - projector: Sers - projector: Sers - projector: Street Address: Street Address: Sers - projector: Sers - projector:	NOT be proce	Combo projector: LCD plate: Screen: Information Ssed without billin Phone Number: State: Colicies and Procedures,	eg information) Ext. A Zip: and, by signing my name b	elow, a)I
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